

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing, OR
☐ Declaration Submitted after Initial Filing
(surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 1400.9801200
First Named Inventor McAllister, et al
COMPLETE IF KNOWN
Application Number
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

entitled:					
METHOD AND APPARA	TUS FOR SUPP	ORTING CONNECTION	ON TYPE PAR	TITIONING IN A	A
COMMUNICATIONS NE					
the specification of which:					
is attached hereto.					
was file on (MM/DD/YY	YYY) as United	d States Application Nun	nber or PCT Inte	rnational Applicat	tion Number
and was amended on (MM/I	DD/YYYY) (if	f applicable).			
I hereby state that I have rev			bove identified s	pecification, inclu	iding the
claims, as amended by any a	•	•			
I acknowledge the duty to di	sclose information	n which is material to pat	entability as defi	ned in 37 CFR 1.5	56.
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United

States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Filing Date (MM/DD/YYYY) Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.





As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Timothy W. Markison	33,534	Christopher J. Reckamp	34,414
Paul M. Anderson	39,896	J. Gustav Larson	39,263

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

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Chicago, Illinois 60604 Telephone:312-939-9800 Facsimile: 312-939-9828

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Shawn P.			McAllister				
Inventor's Signature					Date	April 12, 1999	
Residence				io Country: Canada Citizenship: Canada			
Post Office Address 1330 Revell Drive							
City: Manotick State: Ontario		ZIP: K4M 1KB		I 1KB	Country: Canada		
Name of Additional Joint Inventor: Given Name (first and middle [if any])			A petition has been filed for this unsigned inventor Family Name or Surname				
Andrew			Dolganow				
Inventor's / /			Date // 'A L				
				Date	April 14/1999		
Residence City:Ottawa State: Ont		ario	Country: Canada Citiz		Chizenship: Canada, Poland		
Post Office Address 1320 Richmond Road, #801							
City: Ottaw	a	State: Ontario		ZIP: K2B	8L3	Country: Canada	
Name of Additional Joint Inventor: Given Name (first and middle [if any]) A petition has been filed for this unsigned inventor Family Name or Surname							
Given Name (mst and middle [n any])		1 annly Name of Surfame					
Inventor's Signature			Date		Date		
Residence City: State:			Country:		Citizenship:		
Post Office	Address						
City: State:			ZIP: Country:				

Additional inventors are being named on the ____supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.